

ATTACHMENT I
CONFIDENTIAL RATES OF PAYMENT

This attachment is confidential, and is not open until, at the earliest _____.
See Exhibit X, Item XX.X. of this Agreement for the standards governing confidentiality.

HEALTHY FAMILIES PROGRAM RATES

City & County of _____ Region 3
Composite Rates for Health, Dental & Vision

Current Year Rate:	Infant Rate	Child Rate
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2005/06

Prior Years Rates for Retroactive Claims

	Infant Rate	Child Rate
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2002/03

2003/04

2004/05

_____ rates for 1-18 years were adjusted to deduct costs for
State Supported Services.